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Result Title: History and Physical
Performed By: [redacted] on July 17, 2011 11:51 PM
Verified By: [redacted] on July 17, 2011 11:51 PM
Encounter info: [redacted]UPMCSHY, Inpatient, 7/17/2011 - 8/18/2011

* Final Report *

Document Has Been Updated And Contains Addenda

Addendum by [redacted] on July 18, 2011 7:15 PM (Verified)
I have repeated the key portions of the history and physical exam and agree with the resident H&P. Mrs. [redacted] is transferred from an OSH with menigeal signs, CSF lymphocytosis, and report of normal brain MRI at OSH. On admission, she was mentating clearly but still had photophobia and meningeal sympoms. We reviewed her CSF smear from the OSH. It showed numerous normal-appearing lymphocytes with crush artifact. Differential diagnosis included viral meningitis, lymphomatous meningitis, encephalitis, aseptic meningitis. We will repeat MRI of brian, LP with cytology, viral titers, flow cytometry. The family tells us CSF from OSH was sent to Mayo- we will call to see if they get results before we do. We will repeat CT c/a/p to look at ovarian cyst described on outside scan.

History and Physical
University of Pittsburgh Medical Center

Patient: [redacted] **MRN:** [redacted] **FIN:** [redacted]
Age: **23 years** Sex: **Female** DOB: [redacted]
Associated Diagnoses: **None**
Author: [redacted]

Basic Information
Visit Information: Patient seen on 7/17/2011.

Chief Complaint
Myalgias, body aches, with increasing neurologic symptoms (diploplia, facial numbness)

History of Present Illness
Pt is a 23 y women with no signficant pmhx who is transferred from an OSH for further evaluation and workup of a 2 wk hx of progressive myalgias,arthritis, facial numbness, diplopia, and HA. Pt states her symptoms began on 6/30 when she developed HA, joint pain, and myalgias. Pt's symptoms worsened on 7/4 and she developed nausea and vomiting. Pt presented to an OSH ED where she was told she had gastritis and discharged to home. Her symptoms continued to evolve and she developed facial numbness and intermittent tremors. Pt was admitted to OSH [redacted] where she had an extensive workup. Pt's serum CBC and BMP were all within normal limits at the OSH (please see nocturnist holding note for actual values). All blood,urine, and stool cultures were negative. Pt's workup included:

--CT abd with contrast 7/12: left adenexal dermoid cyst w/o inflammatory changes; simple appearing right ovarian cyst
--MRI brain w/ and w/o contrast 7/14: punctate focus of increased singal in right anterior pons in DWI (artifact versus infarct)
--CSF 7/15/11: normal pressure w/ glucose 52, protein 188, WBC 246, neutrophils 0, lymphocytes 95, RBC 55, Monocyte 4, Eos 1. CSF culture and gram stain were negative.

HSV, Coxsackie, EBV, VZV pending. HIV pending.
--lyme titers nondiagnostic. lupus profile negative
--MRI brain w. and w/o contrast 7/16: no acute intracranial infarct, hemorrhage, or mass. no basiliar meningeal enhancement.
--MRI lumbar spine: enhancement of surface of conus medullaris suspicious for inflammatory/neoplastic pathology. no spinal canal or neuronal foraminal narrowing.
--peripheral smear of CSF was done and pathologist there was concerned for atypical lymphocytes possible leukemia versus lymphoma.
Pt was transferred here for further evaulation and management.

Pt denies any recent travel. Pt reports she was in the wood on labor day and in mid june where she recieved several bug bites. Pt denies any rashes.

Histories

Past Medical History: none.
Family History: non-contributory.
Social History
2 pack year history. Occasional ETOH use. No IV drug use. Tattoo-licensed artist.

Health Status

Allergies

penicillins

Inpatient Medications

Scheduled Medications
acyclovir (Zovirax) 700mg IV Q8H
PRN Medications
acetaminophen (Tylenol) 650mg By Mouth Q6H
docusate (Colace) 100mg By Mouth BID
hydromorphone (Dilaudid) 0.2mg IVP Q4H
ketorolac (Toradol) 15mg IVP Q6H
ondansetron (Zofran) 4mg IVP Q6H
polyethylene glycol 3350 (MiraLax) 17gm By Mouth Daily
simethicone 80mg By Mouth MealsandHS
sumatriptan (Imitrex) 50mg By Mouth Q2H
Recently Discontinued Medications
D5 1/2 NS + KCL 20 mEq premix 1000 mL (D5 1/2 NS + KCL 20 mEq premix* 1000 mL) 1,000mL 60mL/hr IV
oxycodone 5mg By Mouth Q4H

Home Medications *(from 'Document Medication by Hx')*

ethinyl estradiol-levonorgestrel (Aviane 20 mcg-100 mcg oral tablet) 1 tab(s) ONCE A DAY By Mouth
[Compliance: Status: Still taking, as prescribed Source: Patient]

Pharmacy Name & Phone: [redacted]

Problems

Blindness NOS.

Review of Systems

Constitutional: Fever, Chills, Sweats, Weakness, Fatigue, Decreased activity.

Eye: Recent visual problem, Double vision.
Ear/Nose/Mouth/Throat: No decreased hearing.
Respiratory: No shortness of breath, No cough.
Cardiovascular: No palpitations, No tachycardia.
Gastrointestinal: Nausea, Vomiting, Constipation.
Genitourinary: No dysuria, No hematuria.
Hematology/Lymphatics: No bruising tendency, No bleeding tendency.
Endocrine: No excessive thirst, No polyuria.
Musculoskeletal: Neck pain, Joint pain, Muscle pain.
Integumentary: No rash, No pruritus, No abrasions.
Neurologic: Alert and oriented X4, Numbness, Headache, No tingling.
Psychiatric: Anxiety.

Physical Examination

Vital Signs *(Last 7 in past 36 hours)*

Vitals	TempC	BP	Pulse	RR	SaO2	FiO2
7/17 14:17	37.0	130/80	108	18		
7/17 03:12	37.8	118/76	108			

24 Hr Max Temp: 37.8 at 07/17 03:12
36 Hr Max Temp: 37.8 at 07/17 03:12

Dosing Wt: 69.6 kg *(As of 07:17:11 03:14)*
BMI: 28.1 *(As of 07:17:11 03:14)*

Weights *(Last 5 in past 7 days)*

Date / Time	Weight(kg)
7/17 03:14	69.6

Dosing Wt = 69.6 kg *(As of: 07/17 03:14)*

I & O *(Summary)*

I&O (07/16)	7a-3p	3p-11p	11p-7a	Total	(07/17)	7a-3p	3p-11p	11p-7a
Intake:	0	0	0	0		800	0	0
Output:	0	0	0	0		400	0	0
Balance:	0	0	0	0		400	0	0

General: Mild distress.
Eye: Pupils are equal, round and reactive to light, diplopia.
HENT: Normal hearing.
Neck: Supple, Non-tender, No lymphadenopathy.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal.
Cardiovascular: Normal rate, Regular rhythm, No murmur, No gallop, Good pulses equal in all extremities.
Gastrointestinal: Soft, Non-tender, Non-distended.
Musculoskeletal: Normal strength, No tenderness, No swelling.
Integumentary: Warm, Dry, Pink.
Neurologic: Alert, Oriented, Diplopia on exam. 5/5 strength. 5/5 ROM. no tingling. +facial numbness

Bilateral UE tremor. finger to nose and heel to shin intact.
+nuchal rigidity +kernigs sign. babinski negative. 2+ bilateral biceps and brachoradialis. 2+patellar..

Cognition and Speech: Pt was alert and oriented x4, but would become a bit confused at times. She repeated several times that "she was not sure what was going on." .

Psychiatric: Cooperative, Pt's affective was very anxious and worried at times, yet at other times she would state " this will all be fine."

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Review / Management

Labs *(Resulted in the Past 36 hours)*

7/17 1:16p	PT	13.2	7/17 6:30a	Epithelial Ce..	A 1 to 5	7/17 5:30a	Alk Phos	46
7/17 1:16p	INR	1.0	7/17 6:30a	Bacteria, Urine	A 2+	7/17 5:30a	WBC	9.4
7/17 1:16p	PTT	25	7/17 5:30a	Na	144	7/17 5:30a	RBC	L 3.57
7/17 6:30a	Appearance, U..	Cloudy	7/17 5:30a	K	4.3	7/17 5:30a	Hgb	L 11.2
7/17 6:30a	Color, Urine	Yellow	7/17 5:30a	Cl	H 110	7/17 5:30a	Hct	L 32.6
7/17 6:30a	Urine pH	7.0	7/17 5:30a	CO2	26.0	7/17 5:30a	MCV	91.4
7/17 6:30a	Specific Grav..	1.017	7/17 5:30a	Anion Gap	8.0	7/17 5:30a	RDW	13.5
7/17 6:30a	Bilirubin, Ur..	Neg	7/17 5:30a	BUN	L 4	7/17 5:30a	Platelets	202
7/17 6:30a	Blood, Urine	A Trace	7/17 5:30a	Cr	0.7	7/17 5:30a		
	Neutrophils-M..	68.7						
7/17 6:30a	Ketones, Urine	Neg	7/17 5:30a	GFR (estimated)	eGFR>60	7/17 5:30a	Lymphs-	
Manual		22.8						
7/17 6:30a	Leukocyte Est..	Neg	7/17 5:30a	Glucose	H 117	7/17 5:30a		
	Monocytes-Man..	6.3						
7/17 6:30a	Nitrite, Urine	Neg	7/17 5:30a	Ca	8.8	7/17 5:30a		
	Eosinophils-M..	1.7						
7/17 6:30a	Urine Protein..	Neg	7/17 5:30a	Albumin	L 3.1	7/17 5:30a	Basophils-	
Man..		0.5						
7/17 6:30a	Urine Glucose..	Neg	7/17 5:30a	Total Protein	L 6.0	7/17 5:30a	Type of	
Diffe..		Auto ...						
7/17 6:30a	Urine Urobili..	Normal	7/17 5:30a	Bili, Total	L 0.2	7/17 5:30a	TSH	3.227
7/17 6:30a	WBC, Urine	1 to 5	7/17 5:30a	ALT/SGP...	29			
7/17 6:30a	RBC, Urine	1 to 5	7/17 5:30a	AST/SGO...	24			

Impression and Plan

Pt is a 23 yr female presenting with HA, myalgias, nausea, vomiting, fatigue, and meningeal signs of unclear etiology.

1. HA, diplopia, meningeal signs: DDX inclues viral (EBC, CMV, West nile, HIV, HSV) vs. fungal (TB, Histo, cryptococcal) vs. noninfectious (leukemia, lymphoma, MS, lupus). CSF studies at OSH are suggestive of aseptic menengitis but this is inconstistent with patient's clinical time course. CSF peripheral smear were read at OSH as concerning for lymphoma or leukemia, but pt denies any prior B symptoms and does not appear to have any lymphadenopathy. [redacted]consulted and did not feel this to be aseptic menengitis given time course. ID felt possible etiologies include fungal versus TB versus histoplasmosis vs cryptococcocal.

--Neuro consulted and agreed that this was a very unusual presention for aseptic menengitis.
--will do repeat TAP in am as OSH did not send cytology. will repeat all cultures and viral studies (West nile, EBV, CMV, VZV, HSV). will send cytology and flow cytometry. AFB/fungal cultures. TB. Histoplasmosis
--crytococcal antigen, serum lyme titers
--will obtain records from OSH re: CSF labs and samples sent to Mayo clinic. will have CD of imaging brought by famikly from other hospital
--CT abd, chest, and pelvis today
--possibly repeat MRI brain tomorrow

2. Myalgias and joint pain--morphine 2 mg q 4hrs prn for pain control. continue imitrex and toradol for pain control.

3. FEN/GI-regular diet

4. Dermoid cyst- will f/u as outpt

Prophylaxis- SCDs,

Dispo- to home

Diagnosis
Headache (ICD9 784.0, Final, Diagnosis).

Professional Services
Credentials and Title of Author
Credentials: MD.
Title: Resident.
Supervising MD: [redacted]